



# CLASS CANCELLATION

NAME OF SCHOOL (DBA)		TVS LICENSE NUMBER <b>TVS</b>
BUSINESS OFFICE ADDRESS		TELEPHONE NUMBER (      ) Area Code

## DELETE THE FOLLOWING:

CLASS DATE	ADDRESS/CITY	REASON FOR CLASS CANCELLATION	CLASS HOURS
1.			Begin: _____
			End: _____
2.			Begin: _____
			End: _____
3.			Begin: _____
			End: _____
4.			Begin: _____
			End: _____
5.			Begin: _____
			End: _____
6.			Begin: _____
			End: _____
7.			Begin: _____
			End: _____
8.			Begin: _____
			End: _____
9.			Begin: _____
			End: _____
10.			Begin: _____
			End: _____

SUBMITTED BY (SIGNATURE OF OWNER OR DESIGNATED REPRESENTATIVE)	DATE
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**MUST BE RECEIVED 7 DAYS PRIOR TO ANY CLASS BEING CANCELLED**